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ABSTRACT

No issue in schools and communities today commands the concern and urgency of the U.S. public as much as the dangers of alcohol and other drug (AOD) use among youth. This guide therefore provides descriptive information on the variety of surveys of student alcohol and other drug use currently available, and delineates the issues involved in selecting or developing a survey instrument. After an introductory statement of purpose, chapter 2 describes the process of selection and review of the instruments presented. Chapter 3 describes the content domain of existing surveys, including specific substances, use-related issues, and other related high-risk behaviors. It also provides charts which contrast the survey instruments reviewed in this guide regarding their coverage of this content. Chapter 4 addresses an array of issues common to all AOD survey tools, including psychometric issues such as reliability and validity and utilization issues guiding the administration of the survey and interpretation of its results. Chapter 5 summarizes the principles and issues discussed throughout the guide in a process and rating scale. Chapter 6 presents the key characteristics of the surveys reviewed in the form of single-page abstracts including each survey's cost, length, appropriate age/grade levels, and contact information. Appended are the test review form used to evaluate these survey instruments and a policy statement on confidentiality of student records from the Western Center for Drug Free Schools and Communities. Twelve references are included. (TE)

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Western Regional Center
DRUG -FREE SCHOOLS AND COMMUNITIES

ED327753

Surveys of Student Alcohol and Other Drug Use: A Consumer's Guide

September, 1990

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Surveys of Student Alcohol and Other Drug Use: A Consumer's Guide

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September, 1990

PREFACE

This Consumer's Guide is intended to provide descriptive information on the variety of surveys of student alcohol and other drug (AOD) use currently available for general use. Surveys reviewed here do not receive a stamp of approval, nor are they "graded" along a continuum of quality. The "best" survey in any collection is necessarily a function of the user's purpose, unique characteristics of the target population and practical considerations such as cost, survey length, etc..

The authors view this volume as a first edition of this Consumer's Guide. Although instruments included here were located through a systematic search procedure, these methods are never flawless. Other worthy AOD surveys are undoubtedly missing, and new instruments are always being developed. We invite readers of this Guide to send us other samples for further editions of this publication. Given a sufficient number of additional instruments, this Consumer's Guide will be updated annually.

The authors of this Guide extend their thanks to the authors of the surveys reviewed here. Without their cooperation, a volume like this could never be produced. Finally, several of our colleagues provided helpful suggestions on earlier drafts. In particular, the external reviewers listed below made significant contributions:

Dr. Dennis Deck
Portland (OR) Public Schools

Dr. James Emshoff
Georgia State University

Mr. Spencer Sartorius
Montana Office of Public Instruction

Dr. John Swisher
Pennsylvania State University

Dr. Judy Thorne
Research Triangle Institute (NC)

To their efforts and ours in producing this Guide, we add the hope that the information contained here is instructive and helpful toward attaining drug-free schools and communities across the nation.

Judith A. Johnson, Director
Western Center for Drug-Free Schools and Communities

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I. Introduction and Purpose of this Guide

No single issue in schools and communities today commands the concern and urgency of the American public as the dangers of alcohol and other drug (AOD) use among our youth. Since 1986, the annual Gallup poll of the nation's citizens identified AOD use as the number one concern facing today's schools (Gallup, 1989). President Bush, introducing his National Drug Control Strategy, asserted the "epidemic" pervasiveness of the problem and charged that the battle must be waged "everywhere--at every level of ... government and by every citizen in every community across the country" (The White House, Sept., 1989).

Since the passage of the Anti-Drug Abuse Act of 1986, schools and communities have had dramatically increased resources to take up this charge. A consequent rise in state initiatives and local program activities has been noted (e.g., Duerr, 1989, Gabriel, 1989), but the need still exists to assess the degree to which these or other efforts are having the desired impact--the reduction and elimination of alcohol and drug use.

National data are somewhat encouraging. The annual survey of high school seniors conducted by the Institute for Social Research at the University of Michigan indicates that AOD use has been steadily declining since 1985 (Johnston, O'Malley & Bachman, 1989). This is a useful national indicator, but does not shed much light on the situation and need in a given local school or community.

A survey of the local population is often seen as the most expedient means of obtaining the information, but a hastily conducted survey often leaves local decision makers and the public with an incomplete and dissatisfying picture. Issues of survey content (exactly what do you want to know?), sampling (who is the target population?) and analysis and reporting to various audiences (who wants to know what?) need to be addressed in the planning of a survey.

In fact, good models of locally conducted surveys are available. Commercial test publishers, independent research firms, and many educational organizations have taken up the challenge of constructing, validating and standardizing survey instruments designed to address these issues. Schools and communities are urged to review these examples before launching an expensive and time-consuming development project of their own. This Guide is designed to assist this effort by disseminating a list of survey instruments that are available, describing them using a set of common characteristics, and suggesting a process and criteria for their review.

The purpose of this Guide, then, is twofold. First, the available collection of AOD surveys is presented here, described along criteria developed by the authors, to inform schools and communities as to what is available. Secondly, the issues to confront in the process of selecting or developing a survey instrument are delineated. By working through these issues and examining available models, local schools and communities may better decide whether to adopt/adapt an existing survey or embark upon the considerable task of constructing one themselves.

In Chapter II of this Guide, the authors detail their process of selection and review of the instruments presented here. Reading this chapter will answer the question "What surveys did you include and how did you find them" as well as "How were the reviews conducted?"

In Chapter III of this Guide, the content domain of the AOD surveys included here is specified. A basic interest in assessing the degree of AOD use in a school or community must take on more specification when a survey is being planned. Which substances are to be included? Are attitudes important? What about other behaviors known to be related to AOD use? Reading this chapter will help answer the question "What information do I want out of this survey?"

In Chapter IV, the authors address an array of issues common to all AOD survey tools. These range from psychometric issues, such as reliability and validity, to utilization issues guiding the administration of the survey

and interpretation of its results. Once the reader clarifies specific information needs for the survey, reading this chapter will help answer the question "What characteristics make up a high quality survey instrument?"

In Chapter V, the collection of principles and issues discussed throughout this Guide are summarized in a process and rating scale recommended for use by local schools and communities as they face the task of selecting an instrument to use in assessing AOD use. Having read this Guide, familiarizing themselves with instruments that are available and the important considerations in reviewing them, this chapter will help in determining "What steps do I need to take to select the survey that best meets my needs?"

In Chapter VI, the key characteristics of the surveys reviewed are presented in the form of single-page abstracts. Each survey's cost, length, appropriate age/grade levels and whom to contact for further information are among the descriptors included here. If the reader is interested in any particular AOD survey included in this Guide, this chapter will help answer "What are the basic features of this survey?"

In summary, this Consumer's Guide was written to assist local schools and communities select a survey instrument for their use in determining the extent of AOD use among their young people. With the range of instruments currently available, those interested in conducting such a survey are well advised to first consider selecting or adapting from this growing body of knowledge rather than launching a development effort all their own.

II. The Selection and Review Process

The surveys included in this Guide were selected from a wide variety of sources and differ in what they measure and how they measure it. Alcohol and other drug use is part of a large collection of destructive or "at-risk" behaviors generating the concern of parents and citizens across the country. Crime and delinquency, adolescent sexual behavior, nutrition and health, attitudes and values can all be included as related issues of interest to schools and communities concerned about AOD use (Pollard & Austin, 1990).

The central content issue of interest in this Guide, however, is the use of alcohol and/or drugs among today's youth. In fact, many of the instruments included in this review assess some of the related behaviors alluded to above--student attitudes toward alcohol and drugs, friends' use, knowledge of drugs and their effects, etc. But to be included here, they all have one feature in common: they ask direct questions about the frequency of the student's use of alcohol and other illegal substances.

Selecting the Surveys for Review

The search for instruments to review in this Guide tapped six major sources:

ERIC TM -- the Educational Research Information Clearinghouse, Tests and Measurement

Psychological Abstracts -- a compilation of research articles appearing in major professional journals in education, psychology and the social sciences.

Buros Mental Measurements Yearbook -- a periodic volume of critical reviews of newly published tests of achievement, attitudes and psychological traits.

ETS Test Clearinghouse -- a collection of available instruments maintained by the Educational Testing Service.

Test Publishers -- the test catalogues of 25 major commercial test publishers.

OERI Labs and Centers -- all regional laboratories and centers funded by the U.S. Department of Education's Office of Educational Research and Improvement.

Bibliographic searches of these sources yielded hundreds of instruments, from commercially developed and marketed surveys administered to hundreds of thousands of students to questionnaires developed by local school principals used once to meet the pressing demands of the local school board and media. The expanse and variety of available surveys caused us to further define and limit the criteria for inclusion in this review. They deal with the recency of the survey's development and use, the applicability to group administration and the availability of the instrument to potential users. Summarily, instruments included in this Guide meet the following criteria:

1. The instrument includes direct questions about the respondent's AOD use;
2. The instrument was developed or revised since 1980;
3. The instrument is designed for surveying groups of students, rather than as an individual diagnostic device; and
4. The instrument is currently available for use from the developer or publisher.

Exceptions to these criteria were made if a survey possessed special or unique characteristics of particular interest (e.g., Spanish translation). The AOD surveys selected through this process and meeting the above criteria are included in this Guide and are listed in Table 1.

Table 1

AOD Surveys Included in this Guide[1]

Adolescent Health Survey
Minnesota Dept. of Health
Minneapolis, MN

California Substance Use Survey
Southwest Regional Laboratory
Los Alamitos, CA

Drug Education Center Student Survey
Charlotte, NC

Drug Education Needs Assessment
Dept. of Health Education
Southern Illinois University
Carbondale, IL

High School Survey on Drugs
Chemical Awareness &
Counselling Center
Warren, OH

I-SAY (Informational Survey
About You)
National Computer Systems
Iowa City, IA

In-Touch Student Survey
Glenbard (IL) School District

Lewis-Clark State College
Drug Questionnaires
Lewis-Clark State College
Lewiston, ID

Michigan AOD School Survey
Institute for Social Research
Ann Arbor, MI

Monitoring the Future Survey
Institute for Social Research
Ann Arbor, MI

Patterns of Drug Use
Center for Alcohol & Addiction Studies
Anchorage, AK

PRIDE Questionnaire
National Parents' Research
Institute for Drug Education
Atlanta, GA

Profiles of Student Life
The Search Institute
Minneapolis, MN

Substance Abuse Narcotics
Education (SANE) Student Survey
Los Angeles County Office of
Education
Downey, CA

STADUS (Student Alcohol and
Drug Use)
Community Recovery Press
Milwaukee, WI

Student Alcohol and Drug Use Survey
Northwest Regional Educational
Laboratory
Portland, OR

Student Drug Survey
Texas Research Institute of Medical Sciences
Houston, TX

Survey of Drug Abuse
Maryland Dept. of Health & Mental Hygiene
Baltimore, MD

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[1] Complete mailing address given in Chapter VI of this Guide

Reviewing the Surveys Included in this Guide

Once selected, all AOD surveys in this Guide were reviewed by the two senior authors using a comprehensive, standard rating form developed for this purpose. The form consisted of three major sections:

General Information--detailing such information as the age/grade level, cost, additional services provided by the survey author (e.g. scoring, reporting, etc.), and where to write for further information on a particular instrument.

Technical Information--including the reliability and validity of the survey, and the availability of comparative data or user norms to facilitate interpretation.

Content--specifying the AOD-related information provided by each survey, including specific substances represented, other use-related behaviors (attitudes, method/ease of access, perceived risk, friends' use, etc.) and relevant student background characteristics (age, ethnic origin, gender, family structure, etc.).

The full content of the review form included over 500 items of information screened for each AOD survey. In reviewing the instruments, the authors experienced greater than 97% agreement in all judgments. When there were differences in their judgments, the discrepancies were discussed and resolved. As a final validation, the completed review was sent to the survey author for his/her confirmation.

The complete review form used by the authors is included as Appendix A of this Guide.

III. The Content Domain

The specific content of the survey is probably the single most important factor in selecting an instrument. Clearly, if a survey being considered does not ask the questions of interest--no matter how strong its technical characteristics or how fancy its reports are--it will be of no use.

Describing the content of existing surveys is a complex task. Those instruments reviewed here vary in the substances they include, in the use-related issues they address (method/ease of access, age of first use, etc.) and in the other "high risk" factors they include. The benefit of reviewing the entire collection is that it provides a broad definition of the content domain and includes a variety of excellent examples of issues and items of interest.

This chapter details the content domain of the AOD surveys and provides charts which contrast the instruments reviewed in this Guide in terms of their coverage of this content.

Specific Substances Included on AOD Surveys

Interest in assessing the use, non-use and frequency of use of alcohol and other drugs typically involves specification of the particular alcohol or drugs involved. Asking questions about a generic notion of "drug use" will not provide school staff, parents and the community with the details they require to adequately understand the nature and scope of the problem they face or to seek resources and plan programs to deal with it.

In reviewing the surveys contained in this guide, the authors paid particular attention to the specific substances represented in their items. In each of the major categories listed below, specific substances are identified. Items on the surveys will either ask a question about the generic category (e.g., "alcohol") or a specific substance within that category (e.g., "beer," "wine," "hard liquor," etc.). The extent to which specificity in the items is desired is entirely a function of the extent to which specificity in results is desired. That is, does the school want to differentiate between the frequency of use of hard liquor vs. beer vs. wine? If so, survey planners ought not to choose an instrument that asks students "How frequently have you used alcohol in the last six months?" Instead, this question needs to be asked for each of the substances listed in the "alcohol" category below: beer, wine and hard liquor.

The substances represented in the instruments in this Guide are classified as follows:

Alcohol

- Beer
- Wine
- Hard Liquor

Tobacco

- Cigarettes
- Oral/Chewing

Marijuana

- Marijuana
- Hashish

Cocaine

- Cocaine
- Crack

Hallucinogens

- LSD
- PCP
- Mushrooms

Stimulants

- Amphetamines
- Methamphetamines

Depressants

- Percodan
- Tranquilizers
- Valium
- Barbiturates

Inhalants

- Glue
- Gasoline
- Aerosols

Opiates

- Heroin
- Morphine

Steroids

- Steroids

In addition to this extensive list of substances, the authors noted specific inclusion of polydrug use, illustrated by questions of the frequency in which students used more than one of these substances on the same occasion. There was also the ubiquitous "other" category, where less common substances are represented (e.g., Darvon, prescription drugs, "designer" drugs).

Questions about frequency of use are often asked separately for these substances. In Table 2, a "content map" of the substances included in "frequency of use" questions on each of the instruments is specified. Reviewing this chart will familiarize the reader with the breadth of coverage of each of the AOD surveys included in this Guide.

Issues Related to Frequency of AOD Use

As noted above, to be included in this review the instrument had to include questions on the frequency of use of alcohol and other drugs on the part of the respondent. Many related behaviors and issues are found on the instruments included here, however, and are included in the summaries provided later in the Guide. This section introduces these and subsequently defines the content specification used to describe and review the surveys in this Guide.

Quantity of Use - The quantity of substance use is represented on many surveys, particularly with respect to alcohol. Determining the extent of "binge drinking" is a behavior of great interest which requires information not only on how often a student drinks (i.e., frequency) but also how many drinks he/she has had on a given occasion.

TABLE 2

Content Map of Alcohol and Drug Surveys

Frequency of Use by Specific Subtances

SUBSTANCE	ALCOHOL				TOBACCO			MARIJUANA			COCAINE			INHALANTS					HALLUCI-NOGENS			STIMULANTS			DEPRESSANTS					OPIATES				OTHER				
SURVEY NAME	Beer	Wine	Liquor	Unspecified	Cigarettes	Oral/Chewing	Unspecified	Marijuana	Hashish	Unspecified	Cocaine	Crack	Unspecified	Gasoline	Glue	Aerosols	Others	Unspecified	LSD	PCP	Unspecified	Methamphetamine	Other	Unspecified	Percodan	Tranquilizers	Valium	Barbiturates	Unspecified	Heroin	Morphine	Other	Unspecified	Steroids	Unspecified (inc Alc)	Unspecified (Excl Alc)	Polydrug Use	Others
Adolescent Health Survey			X	X	X	X		X			X	X						X		X	X			X					X			X					X
California Substance Use Survey	X	X	X					X	X				X					X	X	X		X				X		X	X	X		X	X	X		X	X
Drug Education Center Survey (NC)				X	X	X		X					X					X		X	X	X		X				X	X			X	X				X
Drug Education Needs Assessment				X	X	X		X			X							X						X				X									
High School Survey on Drugs (OH)				X	X			X			X							X		X	X	X				X		X					X				X
I-SAY				X	X	X		X			X	X						X		X	X			X					X				X				
In-Touch Student Survey				X	X			X					X					X	X					X					X	X				X	X	X	X
Lewis-Clark Drug Questionnaire				X			X			X	X							X		X	X			X					X				X			X	

TABLE 2

Content Map of Alcohol and Drug Surveys

Frequency of Use by Specific Subtances

SURVEY NAME / SUBSTANCE	ALCOHOL				TOBACCO			MARIJUANA			COCAINE			INHALANTS					HALLUCI-NOGENS			STIMULANTS			DEPRESSANTS					OPIATES				OTHER				
	Beer	Wine	Liquor	Unspecified	Cigarettes	Oral/Chewing	Unspecified	Marijuana	Hashish	Unspecified	Cocaine	Crack	Unspecified	Gasoline	Glue	Aerosols	Others	Unspecified	LSD	PCP	Unspecified	Methamphetamine	Other	Unspecified	Percodan	Tranquilizers	Valium	Barbiturates	Unspecified	Heroin	Morphine	Other	Unspecified	Steroids	Unspecified (Inc Alt)	Unspecified (Bad Alt)	Polydrug Use	Others
Michigan AOD Survey				X	X	X				X	X	X						X	X		X			X				X	X			X	X				
Monitoring the Future Survey				X	X	X				X	X	X						X	X		X			X				X	X			X	X				X
Patterns of Drug Use Survey (AK)				X	X			X			X							X			X			X				X	X								
PRIDE Questionnaire	X	X	X		X	X		X					X					X			X			X				X									
Profiles of Student Life				X	X	X				X	X	X						X	X	X				X			X	X	X			X					X
SANE Student Survey				X	X			X					X						X																		
STADUS				X			X			X			X					X			X			X					X			X					X
Student Alcohol & Drug Use Survey (NWREL)	X	X	X		X	X				X			X					X			X	X					X					X	X			X	X
Student Drug Survey (TX)				X	X					X			X					X			X			X				X				X					X
Survey of Drug Abuse (MD)	X	X	X	X	X			X	X		X							X		X	X	X		X		X		X	X							X	X

Age of First Use - The age at which the student took his/her first drink or first used an illicit drug is of key interest in many broad-based prevention efforts. Early intervention programs particularly seek to delay the "age of onset" of children's alcohol and other drug use.

Method/Ease of Access - The availability of alcohol and other drugs to students has been thought to be related to the likelihood of their use. Many surveys reviewed here asked questions such as "How difficult would it be for you to obtain drugs if you wanted to use them?" and "Where/from whom do you get drugs?"

Location/Context of Use - The place (school, home, while driving) where drugs are used is frequently asked in surveys of AOD use. Similarly, the social context (parties, athletic events, alone, with friends, with anyone) in which alcohol or drugs are used may also be of interest.

Effects of AOD Use - Knowledge/perceptions of the effects of alcohol and other drugs--physical, psychological and social--are widely represented, perhaps because they are desired outcomes of many school prevention programs. Such questions as "Taking drugs makes me feel more relaxed", and "I feel better about myself when I get high" are examples of items dealing with the effects of drug use.

Attitudes toward AOD Use - Perceptions of the risk attached to AOD use, the extent to which any such use is seen as permissible, or the reasons why students participate in AOD use are all included in the category of students' attitudes toward use. There is great interest in this aspect of the alcohol and other drug use problem among today's youth. Many prevention programs seek to influence students' attitudes toward use. A clear "no use" message is required of school prevention curricula in the U.S. Department of Education's nationally disseminated guide for Alcohol and Drug Prevention curricula.

Friends' Attitudes/Use - The influence of peer attitudes and use is clearly demonstrated in the research literature (e.g., Brook, Nomura & Cohen, 1987). Many existing surveys ask students about the extent to which their friends think using drugs or alcohol is "fun" or "cool" or "part of growing up", with the intent to investigate this link between personal and peer use.

Family AOD Attitudes/Use - The influence of the home environment is clearly established as a powerful determinant of children's behavior, particularly in the area of AOD use. A dysfunctional family environment is seen as a primary risk factor in adolescent and younger children's use of alcohol and other drugs (Hawkins, Lishner & Catalano, 1986). Many surveys probe the extent to which students' parents or siblings permit, condone and even promote experimentation or casual use of substances.

The extent to which these related issues are represented in the surveys included in this Guide is depicted in Table 3. This content map also stipulates the particular substances for which each of these issues is addressed (e.g., "quantity of use" or "attitudes" about specific substances).

Risk/Protective Factors

As noted in the introduction of this Guide, AOD use is often viewed as one of many kinds of destructive at-risk behaviors occurring to a discouraging degree in today's youth. Examples include school discipline problems, delinquency, driving while drinking or under the influence of substances, low attendance and poor academic performance. This domain also includes positive behaviors, however, which may counteract the tendency toward AOD use--so-called "protective factors" (e.g., Bernard, 1988). Examples of these are definitive school or career plans for the future, participation in extra-curricular activities and organized social activities outside of the school setting.

TABLE 3

CONTENT MAP OF ALCOHOL AND DRUG SURVEYS

Other Use-Related Measures

SURVEY NAME	QUANTITY	AGE OF FIRST USE	LOCATION/ CONTEXT	METHOD/ EASE OF ACCESS	EFFECTS	ATTITUDES	FRIENDS' USE	FRIENDS' ATTITUDES	PARENTS' ATTITUDES
Adolescent Health Survey	A	A		GEN		A	GEN		A, T, M, C
California Substance Use Survey	T	A, GEN	A, GEN	A, GEN	A, GEN	A, M, GEN	GEN	GEN	T, M, GEN
Drug Education Center Survey (NC)			A, GEN	M, GEN		M, GEN	GEN		
Drug Education Needs Assessment				A, T, M, C		A, T, M, C, S, D, OTH	A, T, M, C, S, D	A, T, M	A, T, M
High School Survey on Drugs (OH)		A, GEN				A, T, M, C, I, S, H, D, OTH, GEN	A, GEN		
I-SAY		A, T, M, C, H, S, D, O, I	A, T, M, C, H, J, D, I			A, T, M, C, H, S, D, O, I			
In-Touch Student Survey		A, H, T, D, M, O, C, I, OTH	OTH	A		A, T, M, C, I, H, D, O, OTH		GEN	
Lewis-Clark Drug Questionnaire		A, GEN		A, M, C, S, D, O	A, M, C	A, M, C	A, M, C	GEN	A, M, C, GEN

LEGEND

A = Alcohol
T = Tobacco
M = Marijuana
C = Cocaine
I = Inhalants
G = General *(any drug)*
H = Hallucinogens
S = Stimulants
D = Depressants
O = Opiates
OTH = Other

TABLE 3

CONTENT MAP OF ALCOHOL AND DRUG SURVEYS

Other Use-Related Measures

SURVEY NAME	QUANTITY	AGE OF FIRST USE	LOCATION/ CONTEXT	METHOD/ EASE OF ACCESS	EFFECTS	ATTITUDES	FRIENDS' USE	FRIENDS' ATTITUDES	PARENTS' ATTITUDES
Michigan AOD Survey		A, T, M, C, I, H, S, D, O, OTH		A, T, M, C, H, S, O, GEN, D		A, T, M, C, H, S, O, OTH		A, T, M, C, H, S, O, GEN	
Monitoring the Future Survey	A, T	A, T, M, C, H, S, D, O, OTH		A, T, M, C, H, S, D, O, OTH		A, T, M, C, H, S, O, OTH		A, T, M, C, H, S, OTH	
Patterns of Drug Use Survey (AK)	T	A, T, M, C, I, H, S, D, O		GEN	A, T	A		A, T	
PRIDE Questionnaire		A, T, M, C, H, S, D, I	A, T, M, C, H, S, D, I	A, T, M, C, H, S, D, I	A, T, M, C, H, S, D, I	A, T, M, C, H, S, D, I	A, T, M, C, H, S, D, I		
Profiles of Student Life	A, T	A, T, M, C, I, H	A	A, M, C		A, T, M, C, GEN	A, T, M, C		A, GEN
SANE Student Survey				A, T, M, C, H	A, T, M, C, GEN	A, T, M, C, GEN	A, T, M, C		
STADUS									
Studen' Alcohol and Drug Use Survey (NWREL)	A	A	A, GEN	M, C, GEN	GEN	A, T, M, C, GEN	A, T, GEN		A, M
Student Drug Survey (TX)				GEN	GEN	M, GEN	M, GEN		A, T, GEN
Survey of Drug Abuse (MD)	A	A, T, M, C, I, H, S, D, O, OTH			A, M, H, S, D, O, GEN	A, T, M, C, H, S, D, O, GEN			

A list of those risk and protective factors noted in this review is given below, along with a description or example, when necessary.

Current Academic Performance

School Attendance

School Discipline - vandalism, fighting, etc.

Future Plans - education or career

Extra-Curricular Activities - student council, athletics, school newspaper, etc.

Non-School Organized Activities - church activities, scouting, boys/girls clubs, etc.

Non-Organized Social Activities - watching TV, reading books, going shopping, attending concerts, etc.

Dating Habits - how often, in large groups or not

Driving Habits - how often during an average week, how often after drinking

Past Arrest/Delinquent Activities

The extent to which these risk and protective factors are represented by items on the instruments reviewed in this Guide is summarized in Table 4.

Other AOD Prevention-Related Issues

In addition to issues related to frequency of use, risk factors and protective factors, the attention to school prevention strategies and the broader universe of health-related issues has spawned another domain of questions that were frequently noted on the instruments reviewed here. Many of these begin to touch on more sensitive or reactive issues. These included:

Participation in School Prevention/Intervention Programs - whether the student had participated in prevention activities at school, had seen a counselor about potential problems with AOD use, etc.

Recognition of Personal AOD Problem - whether the student feels he/she has a current problem with AOD use.

Reduction in Use - whether the student has experienced a recent reduction in his/her use of alcohol or drugs.

In Trouble Due to AOD Behavior - whether or not the student has ever been formally disciplined or in trouble for substance use or risk behaviors related to AOD use

Received Past AOD Treatment - whether or not the student has been referred and actually received treatment services for AOD use.

Awareness of Drug Problems in Significant Others - the student's perception of any friends or family members who are having a problem with AOD use. (This is different from earlier questions about whether he/she has friends that use alcohol or drugs).

Use of Needles - of increasing interest due to its connection with other health issues such as AIDS.

TABLE 4

CONTENT MAP OF ALCOHOL AND DRUG SURVEYS

Other Risk/Protective Factors

SURVEY NAME	ACADEMIC PERFORMANCE	SCHOOL ATTENDANCE	SCHOOL DISCIPLINE	FUTURE PLAN	EXTRA CURRICULAR ACTIVITIES	NON-SCHOOL ORGANIZED ACTIVITIES	NON-ORGANIZED SOCIAL ACTIVITIES	DATING HABITS	DRIVING HABITS	PAST ARREST/ PROBATION/ DELINQUENT ACTIVITIES
Adolescent Health Survey	X	X					X	X	X	
California Substance Use Survey	X	X	X	X	X	X			X	X
Drug Education Center Survey (NC)	X	X	X		X	X	X		X	X
Drug Education Needs Assessment				X					X	
High School Survey on Drugs (OH)	X				X					
In-Touch Student Survey	X	X		X	X	X	X	X	X	
I-SAY	X	X	X		X	X	X		X	
Lewis-Clark Drug Questionnaire	X	X		X	X					
Michigan AOD Survey	X	X	X	X			X		X	

TABLE 4

CONTENT MAP OF ALCOHOL AND DRUG SURVEYS

Other Risk/Protective Factors

SURVEY NAME	ACADEMIC PERFORMANCE	SCHOOL ATTENDANCE	SCHOOL DISCIPLINE	FUTURE PLAN	EXTRA CURRICULAR ACTIVITIES	NON-SCHOOL ORGANIZED ACTIVITIES	NON-ORGANIZED SOCIAL ACTIVITIES	DATING HABITS	DRIVING HABITS	PAST ARREST/ PROBATION/ DELINQUENT ACTIVITIES
Monitoring the Future Survey	X		X	X			X		X	
Patterns of Drug Use Survey (AK)	X	X								
PRIDE Questionnaire	X		X		X	X	X	X	X	
Profiles of Student Life	X			X	X	X	X		X	
SANE Student Survey										
STADUS	X				X					
Student Alcohol and Drug Survey (NWREL)		X	X	X	X	X	X			X
Student Drug Survey (TX)	X	X		X	X	X	X	X	X	X
Survey of Drug Abuse (MD)	X			X						

The extent to which these other prevention-related issues are represented on the surveys reviewed in this Guide is depicted in Table 5.

Demographic and Family Characteristics

Finally, descriptive characteristics about the student or his/her family are often included on surveys. Gender, ethnicity, age, grade and employment status are typically asked of the students. Family structure, education level and employment status of parents are also viewed as relevant potential correlates with AOD use. For a complete list of these, see the review form in Appendix A.

TABLE 5

CONTENT MAP OF ALCOHOL AND DRUG SURVEYS

Other Prevention-Related Issues

SURVEY NAME	PARTICIPATED IN SCHOOL PROGRAMS	RECOGNIZE PERSONAL AOD PROBLEMS	EXPERIENCED RECENT USE REDUCTION	IN TROUBLE DUE TO AOD BEHAVIOR	RECEIVED PAST AOD TREATMENT	AOD PROBLEMS IN SIGNIFICANT OTHERS	USE OF NEEDLES
Adolescent Health Survey	x				x	x	
California Substance Use Survey	x		x				
Drug Education Center Survey (NC)	x		x				x
Drug Education Needs Assessment	x					x	
High School Survey on Drugs (OH)		x				x	
In-Touch Student Survey	x	x				x	
I-SAY							
Lewis-Clark Drug Questionnaire							
Michigan AOD Survey	x						x

TABLE 5

CONTENT MAP OF ALCOHOL AND DRUG SURVEYS

Other Prevention-Related Issues

SURVEY NAME	PARTICIPATED IN SCHOOL PROGRAMS	RECOGNIZE PERSONAL AOD PROBLEMS	EXPERIENCED RECENT USE REDUCTION	IN TROUBLE DUE TO AOD BEHAVIOR	RECEIVED PAST AOD TREATMENT	AOD PROBLEMS IN SIGNIFICANT OTHERS	USE OF NEEDLES
Monitoring the Future Survey	X						X
Patterns of Drug Use Survey (AK)	X	X	X	X			
PRIDE Questionnaire							
Profiles of Student Life	X				X		
SANE Student Survey	X						
STADUS		X	X			X	
Student Alcohol and Drug Survey (NWREL)			X	X	X	X	X
Student Drug Survey (TX)				X			
Survey of Drug Abuse (MD)	X			X	X		

IV. Technical Issues in the Assessment of Student AOD Use

This section of the Consumer's Guide presents a brief discussion of several technical issues pertinent to the assessment of AOD use. These include three psychometric properties of the instruments: reliability, validity and sensitivity. Also included are guidelines for survey administration and interpretation which, if not adhered to, can negate the results of the most psychometrically sound instrument. This section is not intended to provide a comprehensive review of these issues, and the interested reader is referred to other sources (Cook and Campbell, 1979; Lipsey, 1990). Instead, this brief review is designed to remind the reader of the importance of these issues, and to illustrate how they apply to the development and use of student use survey instruments.

Reliability

Reliability is a measure of an instrument's consistency--the extent to which it remains unaffected by extraneous or random influences unrelated to the student's use of alcohol and other drugs. Reliability can be assessed by administering the survey to the same students on two or more occasions over a short period of time (e.g., one to two weeks) and seeing how similar the scores are from Time 1 to Time 2. The time period has to be short enough that you can be certain that actual levels of use have not changed, but not so short that the students remember the answers they gave at Time 1 and simply repeat them at Time 2. High reliability means that the instrument gives a consistent value for a student's AOD use. Low reliability means that there is little relationship between the measure's value from one time to another; i.e., a student with low AOD use at Time 1 could be low, medium or high at Time 2.

To give a concrete example illustrating the concept of reliability, suppose that you begin a diet and your goal is to lose ten pounds over the next two months. You will measure your progress with the use of your home bathroom scale. The bathroom scale is analogous to the AOD survey, in that it is an instrument used to measure a particular quantity of something--in this case, weight. For the bathroom scale, high reliability means that if you weighed yourself, got off the scale, and then weighed yourself again one minute later, the scale would show the same reading. Poor reliability would mean that the scale would show a different weight each time it was used.

The reliability of the scale could be adversely affected by the internal characteristics of the scale--perhaps it is getting rusty or part of the mechanism is getting out of adjustment. Reliability of the scale could also be affected by the "administration procedures." By not standing on the same spot on the scale you might get slightly different readings. Weighing yourself at different times of the day could also produce slightly different weights.

Like the bathroom scale, reliability in a survey instrument is also due both to characteristics of the instrument itself and the way in which the instrument is administered. For example, the AOD survey instrument may not be properly constructed or may contain items that may be worded in such a way that they are interpreted differently from one time to another. Or the reliability of the survey may be affected by problems in the administration procedures used--such as not allowing enough time or failing to assure confidentiality of students' responses.

Low reliability creates serious problems for a survey instrument. Using the example of the bathroom scale again, suppose the first time you stepped on the scale it showed 185 pounds, on the second attempt 200 pounds, and on the third attempt 155 pounds. (Clearly it's time for a new scale!) If the mistakes are random (i.e., each mistake has an equal chance of being in one direction or the other), then you can assume that the average of the weight measurements (180 lbs.) is a good estimate of your true weight. The more measurements you take, the more confidence you can have that the calculated average weight will be close to

your true weight. However, unless you are willing to take lots of measurements each day, so that you can calculate a very precise average, it's unlikely that you will be able to detect a small but important one pound change by the end of a week.

Again the considerations for reliability for AOD survey instruments are similar to those for the bathroom scale. The survey instrument must be accurate, and should incorporate as little error as possible so that there is confidence in estimates from a single administration. To the extent that the survey is not reliable, there is less confidence in the estimates of student AOD use. If reliability is low, it becomes difficult to detect the small to medium sized reductions in AOD use by students that a drug prevention/intervention program is likely to produce. The survey may show no change or, worse, a slight increase in use when the actual result is a decrease.

Reliability is reported as a single number, ranging from 0.0 to 1.0 in value. A value of 0 indicates that the measure has no reliability--every measurement instance is determined completely by random error. A measure of 1.0 indicates that the instrument is perfectly reliable--exactly the same measured value will be obtained each time (assuming that the student's use level doesn't change).

Unfortunately, few of the AOD survey instruments reviewed here report their reliability. Often this is because it has never been calculated--an indication of the relative youth of this field of measurement. The authors of this guide recommend that, all things being equal, the AOD survey instrument chosen should be one that has at least documented its reliability.

The question arises as to what is an acceptable level of reliability. When the survey results are to be interpreted only at a group level (e.g., determining the percent of sixth graders who have ever used alcohol), a reliability value of .7 to .8 would be considered very good. If individual student responses were to be interpreted (e.g., how often a given student has used marijuana in the past six months), demands for reliability would need to be much higher. Since this Guide concerns itself only with group-administered and interpreted surveys, the .7 to .8 range in reliability is the recommended standard.

Validity

Validity is the extent to which an instrument actually measures what it intends to measure. There are many forms of validity. In Standards for Educational and Psychological Testing (APA, AERA, NCME, 1985), a panel of measurement experts describes three categories of validity:

Content-related Validity - the degree to which the items in the instrument represent the content domain of interest. This is often determined by a committee of experts who review the instrument in light of what is intended to be measured. In AOD surveys, a content valid instrument is one that includes items on all substances of interest, related "at-risk" behaviors of interest, and background characteristics thought to be relevant.

Criterion-related Validity - the degree to which the results of the instrument correspond to other measures which are intended to measure the same or similar things. This is usually determined through correlational analyses, assessing the same sample of students on the array of instruments or measures hypothesized to be closely related. These can be measures taken at the same time (concurrent validity) or separated by long periods of time (predictive validity). In AOD surveys, this would be determined by correlating the results of the AOD survey with other direct measures of AOD use such as urinalysis or related indicators such as DUI arrests, AOD-related referrals, etc.

Construct-related Validity - the degree to which the instrument measures a psychological trait or value that cannot be directly verified. Creativity and self-esteem are two examples of these. A well-constructed theory is needed to link the intended measurement with a set of observable

behaviors. These too are assessed through correlational analyses, and are only as useful as the theory that links them.

A validity-related issue which is of paramount importance in this assessment context pertains to the confidence we can have that the level of AOD use reported by the students is an accurate and honest representation of their actual use. Validity of self-report measures in sensitive areas such as this one is always a key concern. In fact, you will find one of the most often asked questions about your AOD survey will be "how do you know the students are telling the truth?"

Typically, there is no objective, absolute proof that students are responding honestly. However, the more sophisticated surveys present technical investigations that employ a variety of techniques to provide as strong inferential proof as possible. Some of these include:

Examining parallel items for consistency in responses. If a student answers "never" to a question on lifetime use of marijuana and "once or twice" to a question on use in the past thirty days, their responses to other questions can be doubted.

Student's reported use by their friends ought to correspond roughly to the self-reported use of all students.

Asking a question about use of a fictitious drug. If students indicate any level of use of a drug that doesn't exist (e.g., "derbisol," "sarvophan," etc., their responses to other questions can be doubted).

Asking a direct question as to whether students have responded honestly to the items on the survey.

Ensuring anonymity and confidentiality of responses in the administration of the survey are also critical components in obtaining honest and accurate self-reported information. Recommended techniques are discussed in the "Administration Procedures" later in this Chapter.

In this Consumer's Guide the authors have reported all evidence the instruments' author(s) report that they have collected concerning a scale's validity. Unfortunately, most of the instruments reviewed here presented little empirical evidence of validity. Similar reviews of health-related surveys reached the same conclusion (Lamp, Price & Desmond, 1989). A few of the surveys reviewed here presented evidence as to the scale's "face validity." Face validity generally means that the scale was examined by a panel of "experts" who judged that the scale was a good measure of student AOD use. While expert opinion is important in the development of a scale, and is a type of validity, it in itself is not sufficient to justify a claim for the scale's validity. To do this, there is no alternative but to use the scale in a variety of settings with a variety of populations and the assessment of other related characteristics to determine how the scale actually responds.

Sensitivity

Sensitivity is the third psychometric property discussed in this section. Sensitivity is not as frequently cited as a psychometric property as are reliability and validity, but it is no less important. Sufficient sensitivity of the items in a survey is critical in order to detect change in the behaviors being measured or to meaningfully compare the responses of one group of students to another.

Sensitivity is the degree to which an instrument is capable of measuring changes or differences in student AOD use that are of small magnitude but which still represent meaningful differences. To illustrate the issue of sensitivity, suppose that you want to measure your body temperature because you think you are coming down with a cold. The only thermometer you have in the house is a baking thermometer, where the temperature scale ranges from 0° to 500°. The baking thermometer may be reliable, and it may be a valid measure of temperature, but it is unlikely that it will be very sensitive to the 3° to 4° temperature range that is important to you. In other words, the baking thermometer is not a sensitive instrument to measure body temperature. The

baking thermometer is not capable of measuring the small changes in temperature that are meaningful in the context of your needs.

In reviewing the instruments for this Guide, the authors took careful note of the sensitivity of their items, particularly those measuring frequency of use of various substances. For example, a typical question and its associated frequency scale is the following:

Question: How many times have you used beer, wine, or hard liquor in the past 12 months?

0	1	2	3	4
Never Used	Only Once or Twice	Once per Month	Once per Week	Every Day or More

The sensitivity of this response scale can be examined by translating the response options to their equivalent number of occurrences per year:

"Never Used" (0) = 0 times per year

"Only Once or Twice" (1) = one to two times per year

"Once per Month" (2) = 12 times per year

"Once per Week" (3) = 52 times per year

"Every Day or More" (4) = 365+ times per year.

When put in these terms, it is easy to see that the scale will be sensitive to changes in low levels of student AOD use because it has small enough gradations in use level, but it will be insensitive to changes in the frequency of use for the more abusing students. For example, this scale will be able to detect when a student has moved from occasional experimentation (1-2 times per year) to abstinence (never used), or vice versa. However, if a student who is heavily abusing alcohol cuts down on drinking from using alcohol two days out of three to using alcohol one day out of three--which translates to approximately 120 fewer days per year that the student used alcohol--the original frequency scale still will be unlikely to detect such an enormous change in the level of use. The student would (correctly) select option 3 ("once per week") at both points in time. In short, the scale shown above is insensitive to changes of student use for those students who are using high levels of alcohol.

Unfortunately, this problem has not been resolved in many of the instruments reviewed in this Guide. For those persons who are particularly interested in assessing students who have high levels of use, the problems inherent in low sensitivity should be recognized, and appropriate caution should be used when interpreting results.

It is also apparent that the response options in the sample item above do not represent a linear scale, but a nonlinear, perhaps logarithmic scale. This introduces additional complexity into the analysis of any data gathered using this scale. In particular, most statistical analyses make assumptions about the type of measurement scale used for the data, and many of these assumptions are not compatible with a scale of this type.

The sensitivity of AOD use items can also be seen in the question or stem, as well as the response options. In the example above, the frequency of use of interest was "in the past twelve months". Other periods of time represented in the surveys reviewed here include "in your lifetime", "in the past six months", and "in the past 30 days". Obviously, the same response option ("once or twice", "weekly", etc.) can imply different levels of use when extended over these differing periods of time. In choosing among available surveys, there are no universally appropriate levels of sensitivity. It is the user's decision as to what level of difference is deemed important.

In addition to their own needs for sensitivity, users of the selected survey must take care to ensure that its sensitivity closely matches that of other surveys with which its results will be compared. For example, a school district or community launching a local survey effort may want to compare its results with the statewide survey conducted annually by their state agency. Suppose that state survey has geared its questions to use during the past month, rather than the past year, using similar response options as the previous example:

Question: How many times have you used beer, wine, or hard liquor in the past month?

0	1	2	3	4
Never Used	Once or Twice	3-5 Times	6-10 times	Every Day or More

Translating these options into the amount of annual usage indicate:

"Never Used" (0) = 0 times per year

"Only Once or Twice" (1) = 12-24 times per year

"3-5 Times" (2) = 36-60 times per year

"6-10 Times" (3) = 72-120 times per year

"Every Day or More" (4) = 365+ times per year.

Trying to compare results from these surveys leaves some obvious gaps. The local survey, looking at use in the past year, has no way of detecting patterns of heavy use which is not quite daily use. In contrast, the state survey will not pick up low levels of use between abstinence and twelve times per year.

When dealing with sensitivity of an AOD survey, it is critical that the survey (a) detect levels of use as specifically as you need, and (b) is compatible with other surveys with which you wish to compare your results.

Issues in the Interpretation and Use of Surveys

As emphasized in the introductory sections of this Guide, the instruments here are those designed to provide group-level data. Results can provide accurate information as to the extent of the problem facing local schools and communities. They can provide some insight into planning local programs. And they can also be used to assess trends in use patterns over time.

The construction of technically sound instruments requires considerable expertise, time and resources, as noted in the earlier discussion. The best of these conditions can be negated if the survey is not administered and interpreted properly, however. Many of the instruments reviewed here include accompanying materials that

provide users with the necessary guidance in both getting the most out of the results as well as not overemphasizing trends or differences which are statistically insignificant or beyond the sensitivity of the instrument.

Issues critical to appropriate interpretation and use of AOD surveys fall into three major categories: administration procedures, the availability of comparative data and interpretation guidelines.

Administration Procedures

In order to ensure the accuracy and comparability of results, explicit directions guiding the administration of the test or survey must be supplied and carefully followed. For example, what if a teacher allowed the entire class period of 50 minutes for a 25 item test of critical thinking skills that had a time limit of 30 minutes ? Is it fair to compare these students' scores with those of the norm group who were given the 30 minutes? Or suppose the teacher encouraged students to make their best guess on items they weren't sure of when, in fact, the scoring procedure invoked a stringent penalty for guessing.

Surveying student alcohol and other drug use requires the same strict adherence to proper test administration procedures. The potential reactivity of AOD issues makes the administration conditions particularly important. It is critical that students respond honestly to these questions, even though they are asking about behaviors which have highly negative values associated with them.

As discussed earlier, introductory comments by the teacher or survey administrator can greatly contribute to the likelihood that students will respond honestly. Perhaps the single most necessary assurance the teacher or survey administrator can give is that the results will be completely confidential.

Techniques to reinforce this include:

> Never requiring students to put their names, or any other personally identifying information on their survey or answer sheet;
>
> Not circulating around the room while students are responding to the items;
>
> Having someone other than the students' classroom or familiar teacher administer the survey; and
>
> Allowing students to return their survey to the middle, rather than the top, of a stack of completed surveys when they finish.

Prior to the administration of the survey, a school or community must concern itself with obtaining parents' permission for students to participate in the survey. Federal guidelines governing confidentiality and consent are found in three major laws and regulations:

1. The Family Educational Rights and Privacy Act (FERPA) of 1976.
2. Student Rights in Research, Experimental Activities and Testing (the 1978 Hatch Amendment to the General Education Provisions Act).
3. Confidentiality of Alcohol and Drug Abuse Patient Records regulations issued by the Department of Health and Human Services, amended in 1987.

The relationship between these legislative provisions and data collection regarding students' use of alcohol and drugs is summarized in a brochure developed by the Western Center for Drug-Free Schools and Communities and is included as Appendix B of this Guide. In addition, most states have applicable laws and requirements.

Comparative Data

The need to compare the results of a local survey with those of another group of students like them is virtually inevitable. When presenting results like "18% of our tenth graders have used marijuana on at least a monthly basis over the past year", a typical reaction will be "Is that a lot? What does that tell me? How does that compare with tenth graders in other districts like ours, or the state as a whole, or the nation?"

Standards for comparisons such as these can be classified into three types:

-Goals or standards set by local school or community groups

-Results of this or similar surveys conducted in other populations

-Results of this or a similar survey conducted previously in this population

Local Goals. Setting local goals or standards for reducing AOD use is an important step in a comprehensive prevention effort. These are useful comparative frames of reference when interpreting results of a local survey However, these goals must be set with careful consideration given to typical use rates among students of a given age and unique contextual characteristics of the school or community. Setting a goal of zero use of beer or wine for high school students may be totally unrealistic in the short term, given national statistics and many local traditions such as end-of-school-year "keggers." This is not to say that such a goal ought to be abandoned in the long run. Prevention programs are designed to target those events and community norms which perpetuate high rates of (in this example) alcohol use. The AOD survey, if properly selected and administered, will help shed light on the extent of the problem you are dealing with. As these results become available, they will sharpen the goal setting process and provide greater direction for school-community prevention efforts.

Results of Similar Surveys in Other Populations. Many of the surveys reviewed here have summarized the results of their surveys from previous applications, and make these results available to future users. (See the abstracts of all surveys reviewed in Chapter VI of this Guide.) The representativeness of those data, in terms of the characteristics of the schools and students they include, is a key issue, however. Even if a given survey has been administered to 100,000 students in grades 6-12, if those students are primarily white, middle-class and located in the Northeast and Midwest portion of the United States, they may not be appropriate for a local survey of a student population with high minority concentration in the Western portion of the country. The authors advise users of this Guide to plan for appropriate comparison as the survey is being selected.

Previous Results in This Population. Finally, when a local survey is readministered at another point in time, comparisons in student use within the local population across the time period will provide the comparative data of greatest interest. As the survey becomes an institutionalized practice, these trends over time will become the focal point of interpretation. Even then, however, there will be interest in contrasting the local trends and changes with those in other populations ("Are the reductions in student use we are observing here comparable to those across the entire state, or are there some unique changes happening with our students?")

Interpretation Guidelines

The interpretation of differences in results requires careful guidance and consideration of both statistical and practical significance. Statistical significance is largely dependent upon the size of the sample being surveyed and the psychometric qualities of the instrument. The more reliable, valid, and sensitive the instrument, the more confident one can be that observed differences represent real differences in behavior and are not simply reflections of inaccuracy or imprecision of measurement. Practical significance has nothing to do with these technical characteristics. It is determined by the users' judgment as to what size of a difference is important enough to be concerned about.

For example, even if there is a statistically significant decline in "binge drinking" -- from 36% to 35% of twelfth grade students -- is this discrepancy large enough to conclude that there has been a meaningful (i.e., practically significant) change in behavior? Conversely, what appears to be a large difference --a 10% increase in the number of eighth graders using marijuana at least monthly -- may not be statistically significant due to imprecision in the instrument or sampling procedure. Caution must be exercised to not interpret findings which are beyond the technical capabilities of the instrument to validly detect.

Comparisons that one can make in survey results will abound once these results become available. Examples include:

Student use rates of one substance vs. another (e.g., marijuana vs. cocaine)

Use of the same substance by students at different grade levels

Use of the same substance by students of different background characteristics (ethnic origin, religious preference, family structure, etc.)

All of these comparisons have associated standards of statistical and practical significance. Consult the technical manuals for specifications of the "standard error" of item and scale statistics to guide statistical significance decisions. Develop thresholds for practical significance before seeing the results through discussions with key stakeholders in the survey activity (local school and community personnel, parents, students, etc.).

V. How to Select an AOD Survey

In previous chapters of this Guide, the authors have identified key considerations and issues in the selection of an instrument used to survey young people on their use of alcohol and other drugs. In addition, a number of available surveys were reviewed and described in terms of these issues and key characteristics. Taken together, these make up the key ingredients needed to choose an AOD survey for your own use, i.e., a number of well chosen survey instruments and a set of criteria on which to compare them.

In this chapter of the Consumer's Guide, the authors offer a sample rating tool in the selection of a survey for your own use. The rating scale, shown as Figure 1 at the end of this chapter, summarizes the key characteristics and criteria covered in the previous chapters. There are four general categories of these criteria:

Content - Does the survey ask the questions you need asked?

Technical Characteristics - Does the survey possess sufficient reliability, validity and sensitivity?

Utility - Is the survey manageable and useful, in terms of cost, time limit (length) and available support services?

Special Considerations - Does the survey include any special characteristics needed in your own context (e.g., Spanish translation)?

These criteria, operationalized by specific statements, are listed down the left hand side of the rating scale in Figure 1. They are to be asked of each AOD survey being considered. The "candidate" surveys can be listed at the top of the scale, heading the columns to the right of the rating criteria. Each of the surveys under consideration can be rated on a scale such as 0 (Poor) to 3 (Excellent) on each of the criteria. By comparing these objective ratings for all instruments under consideration, a survey can be selected which best meets the important criteria discussed in this Guide.

Test or survey selection processes such as this work best when a cross-role team of interested school and community staff work together. A long list of AOD surveys, such as those covered in this Guide, can be screened down to a "short list" of three or four instruments the committee can analyze in detail. By studying Tables 2-5 and the AOD survey abstracts in this Guide, for example, it is likely that several of the available surveys can be eliminated because they do not meet minimal requirements for your intended use.

Once the "short list" of instruments is obtained, the survey authors listed in the abstracts in the final chapter of this Guide can be contacted for specimen copies of the instrument and supporting technical and support service information on their survey. The committee can then begin the task of analyzing and rating each survey's characteristics using the rating scale in Figure 1.

When the ratings are completed, a total score across all criteria can be tallied and compared for the surveys being considered. Use of this total score for selection purposes assumes that each of the questions listed on the form are of equal importance, however. If this is not the case, the specific criteria of most importance can be compared across all surveys. For example, it may be that sufficient coverage of AOD use-related issues (Content question 1b) and affordable cost (Utility question 3b) far outweigh the other considerations. Examining the ratings on these two criteria alone may be all that is necessary.

Figure 1

Selecting a Survey of Student Alcohol and Other Drug Use
Summary Rating Scale

0 = Poor
1 = Fair
2 = Good
3 = Excellent

Criteria for Selection	Name of Survey ( )	( )	( )
1. CONTENT			
a. The specific substances of interest are included.			
b. Other AOD use-related issues of interest are represented (e.g., age of first use, attitudes toward use, etc.).			
c. Risk and protective factors of interest are included (e.g., discipline problems, school plans for the future, etc.).			
d. Student background characteristics of interest are included (gender, age, family structure, etc.)			
2. TECHNICAL CHARACTERISTICS			
a. There is sufficient evidence of reliability of the instrument.			
b. There is sufficient evidence of validity of the instrument.			
c The sensitivity of the items allows the desired specificity in determining the extent of AOD use.			

CENTER

Selecting a Survey of Student Alcohol and Other Drug Use
Summary Rating Scale

(Page Two)

0 = Poor
1 = Fair
2 = Good
3 = Excellent

Criteria for Selection	Name of Survey ( )	( )	( )
3. UTILITY			
a. The length of the instrument fits within time limitations for the survey administration.			
b. The cost of the survey and support services is within available budget.			
c. The support services available from the survey (e.g., scoring, reporting) are sufficient.			
d. User norms or comparative results are available for use in the interpretation of the survey results.			
4. SPECIAL CONSIDERATIONS			
a. The survey can accommodate any special considerations in the local context (e.g., foreign language translation)?			
TOTAL RATING:	_____	_____	_____

CENTER

VI. Abstracts of the Instruments Reviewed in this Guide

The earlier chapters of this report highlighted major issues in the assessment of student use of alcohol and other drugs, described the process used by the authors to review the instruments meeting the criteria for this Consumer's Guide, and provided summaries of common characteristics across all of the surveys. In this chapter, a brief description of each survey reviewed here is provided. Further details about any of these can be obtained from the authors of this report, in care of the Western Center for Drug-Free Schools and Communities, or the authors of the instruments themselves.

The abstracts of instruments presented here include information on cost, content, technical information available, grade levels administered, and additional scoring or reporting services offered by the survey authors or agency.

AOD Survey Abstract

Title: Adolescent Health Survey

Author/Agency: Michael Resnick

Address: University of Minnesota
Adolescent Health Program
Box 721, Mayo Building
420 Delaware St., S E.
Minneapolis, MN 55455

Year of latest Revision: 1987

Copyrighted: Yes

Cost: None specified, contractual arrangement through author

Grade Levels: 7-12

No. of Questions: 148

Scoring Service: Yes

Reporting Service: Yes

Reliability Data: No

Validity Data: No

User Norms/ Comparative Data: No

Frequency of Use Items

Stem(s): How often do you use...

Response Options:
Daily
Weekly
About Monthly
Less Than Monthly
Over A Year Ago
Never

Special Comments: This is a very comprehensive survey on a variety of health-related issues, including interpersonal relationships and values, sexual behavior, etc. The volatility of its content is more at issue than in most AOD surveys reviewed here.

AOD Survey Abstract

Title: California Substance Use Survey

Author/Agency: Dr. Rodney Skager, UCLA on behalf of:

Address: Office of Attorney General
Crime Prevention Center
1515 K Street, Suite 100
P.O. Box 94255
Sacramento, CA 94244-2550

Year of latest Revision: 1989

Copyrighted: Yes

Cost: None specified, consult author

Grade Levels: 9-12 (shorter version available for grades 7-8)

No. of Questions: 75

Scoring Service: No

Reporting Service: No

Reliability Data: No

Validity Data: No

User norms/ Comparative Data: Yes, state-wide sample at grades 7,9 & 11 (N = 7,000 +)

Frequency of Use Items

Stem(s): Use within past 6 months

Response Options:
Never
Once or twice
A few times
Once a month
Once a week
Once a day
More than once a day

Special Comments: This survey was developed for statewide use in California. Administered in 1985, 1987 and 1989 to a carefully selected, representative sample of California's 7, 9, and 11 graders, its "user norm" database is growing. Reports of its results are available from the author or the office of the Attorney General in California.

AOD Survey Abstract

Title: Drug Education Center Student Survey

Author/Agency: Dr. Sewhan Kim

Address: Drug Education Center
500 E. Morehead Street
Charlotte, NC 28202

Year of Latest Revision: 1989

Copyrighted: Yes

Cost: None specified, consult author

Grade Levels: 5-12

No. of Questions: 159

Scoring Service: Yes

Reporting Service: Yes

Reliability Data: Yes

Validity Data: Honesty checks: fictitious drug

User Norms/ Comparative Data: Yes

Frequency of Use Items

Stem(s): How often do you use...

Response Options:
Never
Once or twice a year
Once or twice a month
Once or twice a week
Once or twice a day
Often each day

Special Comments: This survey, administered statewide in Mecklenburg County, North Carolina, was developed with great attention to the literature on risk factors for AOD use. It includes items related to school and family bonding and personality factors such as self-concept and depression. The author has constructed several other related instruments assessing student attitudes, evaluating alcohol education programs and tapping students knowledge and intentions to use alcohol and other drugs.

AOD Survey Abstract

Title: Drug Education Needs Assessment in Rural Schools

Author/Agency: Dr. Paul D. Sarvela

Address: Department of Health Education
College of Education
Southern Illinois University
Carbondale, IL 62901

Year of Latest Revision: 1987

Copyrighted: No

Cost: Consult author

Grade Levels: K-3
4-8
9-12 (reviewed here)

No. of Questions: 73

Scoring Service: No

Reporting Service: No

Reliability Data: Yes, for some grade levels

Validity Data: Yes, content validity only

User Norms/ Comparative Data: Yes

Frequency of Use Items

Stem(s): Lifetime use

Response Options: Never
Past Month
Past Year
Not in Past Year

Special Comments: The Drug Education Needs Assessment was administered to a students, parents, educators and community members in a small rural school.

AOD Survey Abstract

Title: High School Survey on Drugs

Author/Agency: Dr. Pietro Pascale

Address: Chemical Awareness and Counseling Center
Youngstown State University
1353 E. Market Street
Warren, OH 44483

Year of latest Revision: 1984

Copyrighted: Yes

Cost: None specified, consult author

Grade Levels: 9-12

No. of Questions: 72

Scoring Service: No

Reporting Service: No

Reliability Data: Test-retest r = .88(small sample)

Validity Data: Face validity

User Norms/ Comparative Data: No

Frequency of Use Items

Stem(s): How often do you use...

Response Options:
Daily
Weekly
Monthly
Occasionally
Experimented
Never Used

Special Comments: This survey presented limited technical data and was not intended for distribution to other users. Contact author for further information.

AOD Survey Abstract

Title: I-SAY (Informational Survey About You)

Author/Agency: National Computer Systems

Address: Information Services
2510 N. Dodge Street
Iowa City, IA 52245

Year of Latest Revision: 1989

Copyrighted: Yes

Cost: Consult author

Grade Levels: 5-12

No. of Questions: 131

Scoring Service: Yes

Reporting Service: Yes

Reliability Data: No

Validity Data: No

User Norms/ Comparative Data: Yes

Frequency of Use Items

Stem(s): How often do you use...

Response Options:
Never
Once or twice a year
Once or twice a month
Weekends only
3 or more times a week
Daily

Special Comments: This survey, commercially produced and utilizing a panel of experts for content and technical specifications, is relatively new and only preliminary information was available at the time of this review. Reports are professionally produced and directions for administration and interpretation of results are provided. The authors allow users to add questions of their own choosing to the questionnaire. These are scored and reported along with the entire instrument.

AOD Survey Abstract

Title: In-Touch Task Force Student Survey

Author/Agency: Dr. Gayla Nieminen

Address: Institute for Educational Research
793 N. Main St.
Glen Ellyn, IL 60137

Year of Latest Revision: 1987

Copyrighted: Unknown

Cost: Consult author

Grade Levels: 9-12

No. of Questions: 158

Scoring Service: No

Reporting Service: No

Reliability Data: No

Validity Data: No

User Norms/ Comparative Data: Yes

Frequency of Use Items

Stem(s): Use in past 6 mos.

Response Options:
Never
Once or Twice
1-2 Times per Month
Only on Weekends
3 or More Times per Week

Special Comments: The In-Touch Task Force Student Survey was administered to more than 5,000 high school students in Glenbard (IL) school district in 1987. In addition to questions regarding AOD attitudes and behaviors, the survey assesses students' worries and concerns in a wide variety of related areas (e.g., personal appearance, dating, eating habits, etc.)

Title: Lewis-Clark State College Drug Questionnaire: Student Drug Education Project

Author/Agency: Ms. Liza Nagel, Director
Drug Education Project

Address: Lewis-Clark State College
8th Avenue & Sixth St.
301 Spalding Hall
Lewiston, ID 83501

Year of Latest Revision: 1988

Copyrighted: Unknown

Cost: None specified, consult author

Grade Levels: 7-12

No. of Questions: 250

Scoring Service: No

Reporting Service: No

Reliability Data: No

Validity Data: No

User Norms/ Comparative Data: No

Frequency of Use Items

Stem(s): Use in past 6 months

Response Options:
Never
A few times
Once a month
Once or more times a day

Special Comments: This survey, targeted to junior high and high school students is one of three companion surveys developed by the authors. The others are designed for parents and school personnel. Further information is available from the authors.

AOD Survey Abstract

Title: Michigan Alcohol and Other Drug Survey

Author/Agency: Dr. Lloyd D. Johnston

Address: Institute for Social Research
University of Michigan
Ann Arbor, MI 48106-1248

Year of Latest Revision: 1987

Copyrighted: No

Cost: None specified, contractual arrangement with the author

Grade Levels: 7-12

No. of Questions: 172

Scoring Service: Yes

Reporting Service: Yes

Reliability Data: Yes
see comments

Validity Data: Yes
see comments

User Norm/ Comparative Data: Yes
see comments

Frequency of Use Items

Stem(s): Use in lifetime
Use in past 12 months
Use in past 30 days

Response Option(s): Never
1-2 occasions
3-5 occasions
6-9 occasions
10-19 occasions
20-39 occasions
40 or more occasions

Special Comments: This survey is derived from the national Monitoring the Future survey, also developed by the author, for use in statewide survey in the state of Michigan. As such, it avails itself of much of the reliability and user norms data compiled as part of that national effort.

AOD Survey Abstract

Title: Monitoring the Future Survey

Author/Agency: Dr. Lloyd D. Johnston

Address: Institute for Social Research
University of Michigan
Ann Arbor, MI 48106-1248

Year of Latest Revision: 1989

Copyrighted: No

Cost: None

Grade Levels: 12

No. of Questions: 299

Scoring Service: No

Reporting Service: No

Reliability Data: Test retest. Internal Consistency

Validity Data: Six indices of honesty

User Norms/ Comparative Data: Nationally representative sample N = 16,000

Frequency of Use Items

Stem(s): Use in lifetime
Use in past 12 months
Use in past 30 days

Response Options: Never
1-2 occasions
3-5 occasions
6-9 occasions
10-19 occasions
20-39 occasions
40 or more occasions

Special Comments: This survey, funded by the National Institute for Drug Abuse (NIDA), has been administered to a nationally representative sample of high school seniors each year since 1975. In all, there are six forms, each containing a common core of student background and AOD use items, and a variety of other scales measuring related attitudes, values and behaviors that are spread across the various forms. Hundreds of items make up this survey package. Often called the "High School Survey", this instrument is the authoritative source of national data on student alcohol and drug use. Its annual report, as well as occasional reports summarizing data over several years, may be obtained from NIDA. The authors do not commercially market the survey, but since the survey is federally funded, its items and scales are in the public domain and may be used by others to construct other surveys. Indeed, many of the other surveys reviewed in the Guide have modelled their instruments after the Monitoring the Future survey.

AOD Survey Abstract

Title: Patterns of Drug Use: School Survey

Author/Agency: Dr. Bernard Segal

Address: Center for Alcohol and Addiction Studies
University of Alaska, Anchorage
3211 Providence Drive
Anchorage, AK 99508

Year of Latest Revision: 1982-83

Copyrighted: Unknown

Cost: Consult author

Grade Levels: 7-12

No. of Questions: 141

Scoring Service: No

Reporting Service: No

Reliability Data: No

Validity Data: No

User Norms/ Comparative Data: Yes (N = 3,724)

Frequency of Use Items

Stem(s):
(a) Current use
(b) Use in past year

Response Options:

(a)
Never
A few times per year
Once a month or less
2-3 times a month
Once a week
2-5 times a week

(b)
Never
Once or twice
3-5 times
6-9 times
10-19 times
20-39 times
40 or more times

Special Comments: The Patterns of Drug Use School Survey was administered to eight of the largest school districts in Alaska, comprising nearly two-thirds of the state's student population, in 1982-83. It features a number of questions asking students their reasons for using and not using alcohol and other drugs.

AOD Survey Abstract

Title: The PRIDE Questionnaires

Author/Agency: National Parents' Resource Institute for Drug Education
50 Hurt Plaza, Suite 210
Atlanta, GA 30303

Year of Latest Revision: 1990

Copyrighted: Yes

Cost: $.60 per student

Grade Levels: 6-12 (shorter version for grades 4-6 available)

No. of Questions: 108

Scoring Service: Yes

Reporting Service: Yes

Reliability Data: test-retest
ave. r = 87
internal
consistency

Validity Data: content
validity

User Norms/ Comparative Data: Yes: user norms (N = 250,000)

Frequency of Use Items

Stem(s): Use within past year

Response Options:
None
Once
Six times
Once a month
Twice a month
Once a week
Three times a week
Daily

Special Comments: The PRIDE questionnaires have been administered in 42 states to more than 4,000,000 students in 4,000 school districts. The sample was not selected to be representative of any particular population, but represents the large client base of the PRIDE training. A nationally representative sampling is in progress (N = 250,000) and results will be available during the 1990-91 school year. Item by item scoring, including 50 pages of tables and charts, is included in the very low cost cited above. Additional reporting services, availing potential users of comparisons with the large user database of PRIDE clients is available for additional cost and through negotiations with the author. A Spanish translation is also available.

AOD Survey Abstract

Title: Profiles of Student Life

Author/Agency: Dr. Peter L. Benson
Ms. Carolyn H. Eklin, Director
Survey Services

Address: Search Institute
122 W. Franklin, Suite 525
Minneapolis, MN 55404

Year of Latest Revision: 1988

Copyrighted: Yes

Cost: $1,400 for 800 students or fewer, with full reporting services

$1.25 per student over 800

Grade Levels: 6-12

No. of Questions: 117

Scoring Service: Yes

Reporting Service: Yes

Reliability Data: Yes, see comments

Validity Data: Yes, see comments

User Norms/ Comparative Data: Yes

Frequency of Use Items

Stem(s):
Lifetime use
Use in last 12 months
Use in last 30 days
Use in last 2 weeks

Response Options:
Zero
Once or twice
3-5 times
6-9 times
10-19 times
20-39 times
40 or more times

Special Comments: The Search Institute's Profiles of Student Life consist of three related surveys. In addition to AOD knowledge, attitudes and behavior, the Profiles package includes separate surveys of sexuality and twenty forms of at-risk behaviors. Many of the student AOD use items were adopted form the Monitoring the Future survey and thus avails itself of the extensive reliability and validity evidence of that survey. Search Institute is also conducting a number of its own technical studies of its surveys, the results of which are expected in print during the 1990-91 school year.

AOD Survey Abstract

Title: SANE Student Survey

Author/Agency Dr. John S. Martois

Address: Los Angeles County Office of Education
9300 Imperial Highway
Downey, CA 90242

Year of Latest Revision: 1988

Copyrighted: Yes

Cost: Consult Author

Grade Levels: 4-12

No. of Questions: 108

Scoring Service: Yes

Reporting Service: Yes

Reliability Data: No

Validity Data: Face validity review by administration & teachers

User Norms/ Comparative Data: Yes (N = 50,000+)

Frequency of Use Items

Stem(s): Use in past 4 weeks

Response Options:
None
Once or twice
2-5 times
6 or more times

Special Comments: This survey was developed specifically for use in a large inner city area and includes items on AOD knowledge, attitudes, self-esteem and decision-making. A Spanish translation is available..

AOD Survey Abstract

Title: STADUS: Student Alcohol/Drug Use Survey

Author/Agency: Gary Anderson

Address: Community Recovery Press
3767 S. 81st Street
Milwaukee, WI 53220

Year of Latest Revision: Unknown

Copyrighted: Unknown

Cost: None specified, consult author

Grade Levels: Unknown

No. of Questions: 108

Scoring Service: No

Reporting Service: No

Reliability Data: No

Validity Data: No

User Norms/ Comparative Data: No

Frequency of Use Items

Stem(s): Level of current use

Response Options:
Never
Did use, but quit
Less than once a month
1-4 times a month
1-4 times a week
1 or more times a day

Special Comments: The STADUS survey was developed by the author for a specific use, rather than widespread marketing. Thus, no user support (scoring or reporting services) or technical data (reliability, validity or norms) are provided. Instructions and criteria for scoring are available from the author.

AOD Survey Abstract

Title: Student Alcohol and Drug Use Survey

Author/Agency: Northwest Regional Educational Laboratory

Address: 101 S.W. Main Street, Suite 500
Portland, OR 97204

Year of Latest Revision: 1989

Copyrighted: Yes

Cost: $500 for N < 200 students
$500 plus $.75 per student for
200 < N < 2,000
Contract negotiation for N > 2,000

Grade Levels: 8-12 (shorter version available for grades 6-7)

No. of Questions: 67

Scoring Service: Yes

Reporting Service: Yes

Reliability Data: No

Validity Data: Honesty check

User Norms/ Comparative Data: Yes
(N = 130,000 +)

Frequency of Use Items

Stem(s):
(a) Use in lifetime
(b) Use in past 30 days

Response Options:
(a) Never
Some
Monthly
Weekly
Daily
(b) None
1-2 times
3-5 times
6-9 times
10 or more

Special Comments: This survey, developed at NWREL and used contractually with states and districts in the Western U.S., includes a variety of reporting options, negotiated based on user needs. Among its unique features are three composite scales, each based on several items on the survey--alcohol use, drug use and risk factors.

AOD Survey Abstract

Title: Student Drug Survey

Author/Agency: Dr. J. Ray Hays

Address: Texas Research Institute of Medical Sciences
1300 Moursund Ave.
Texas Medical Center
Houston, TX 77025

Year of Latest Revision: 1975

Copyrighted: Unknown

Cost: Consult author

Grade Levels: 7-12

No. of Questions: 88

Scoring Service: No

Reporting Service: No

Reliability Data: No

Validity Data: No

User Norms/ Comparative Data: Yes

Frequency of Use Items

Stem(s):
Lifetime use
Use in past 6 mos.
Use in past 7 days

Response Options:
Never
Once or Twice
3-5 times
6-9 times
10 or more times

Special Comments: The Student Drug Survey, administered to nearly 6,000 students in Houston Independent School District in 1975, is one of the few instruments with a Spanish version.

AOD Survey Abstract

Title: Survey of Drug Abuse Among Maryland Adolescents

Author/Agency: Richard L. Hamilton

Address: Maryland State Department of Health & Mental Hygiene
Drug Abuse Administration
201 W. Preston St.
Baltimore, MD 21201

Year of Latest Revision: 1984

Copyrighted: Unknown

Cost: Consult author

Grade Levels: 8, 10, 12

No. of Questions: 113

Scoring Service: No

Reporting Service: No

Reliability Data: No

Validity Data: No

User Norms/ Comparative Data: Yes

Frequency of Use Items

Stem(s): Lifetime Use
Use in past year

Response Options:

(a) Never
Have tried, but not currently using
Less than once a month
About once a month
About once a week
Several times a week
Once or more per day

(b) Never
Less than once a month
Once a month
Every other week
Once a week
2-3 days a week
4-6 days a week
Daily

Special Comments: The Survey of Drug Abuse was administered to more than 40,000 students in grades 8, 10, and 12 in 1984. This was the sixth statewide administration of the survey since 1973. Technical reports examine trends over time and present key recommendations based on survey findings.

References

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Gallup, J.H. (1989). Survey of the Attitudes of American Adults and Teenagers Toward the Drug Crisis and Drug Policy. Princeton, NJ: International Foundation, 1989.

Hawkins, J.D.; Lishner, D.M., Catalano, R.F. & Howard, M.D. (1986). Childhood predictors of adolescent substance abuse. Toward an empirically grounded theory. *Journal of Children in Contemporary Society*, 8(1), 11-48.

Johnston, L.D.; O'Malley, P.M. & Bachman, J.G. (1989). *Drug Use, Drinking and Smoking: National Survey Results from High School, College, and Young Adult Populations*. Rockville, MD: National Institute on Drug Abuse.

Lipsey, M.W. (1990). *Design Sensitivity: Statistical Power for Experimental Research*. Newbury Park, CA: Sage Publications, Inc.

Pollard, J.A. & Austin, G. (1990). *Substance abuse among juvenile delinquents and gang members*. Prevention Research Update No. 6. Western Center for Drug-Free Schools and Communities.

United States Department of Education (1988). *Drug Prevention Curricula: A Guide to Selection and Implementation* - Washington, DC: Office of Educational Research and Improvement.

The White House (1990). *National Drug Control Strategy*. Washington, DC: U.S. Government Printing Office, January, 1990.

APPENDIX A

AOD Survey Review Form

Used by the Authors

TEST REVIEW FORM

Reviewer: _____ Date: _____

++

General Information:

Name of Instrument: _____

Author(s): _____

Publisher: _____

Publisher's Address: _____

_____

_____

Year Inst. Developed: _____ **Last Revision:** _____
(Score latest revision)

Copyright Protected: YES NO DK **Procedures Manual:** YES NO DK

Technical Info. Avail.: YES NO DK

Cost of Instrument: State costs per student if possible, costs for manuals if separate, and standard costs for options if specified (Enter PD if Public Domain):

_____

_____

_____

_____

Grade Levels: **Ver. 1:** _____ **Ver. 2:** _____ **Ver. 3:** _____
(Note: Information in manual is primarily based upon Version 1. Enter NONE if Version No. doesn't exist.)

Are there significant differences between versions? YES NO DK

Readability Analysis: **Ver. 1:** _____ **Ver. 2:** _____ **Ver. 3:** _____
(Note: Enter NA for not available.)

Machine Scored: YES NO DK ADD. COST **Scoring Serv. Included In Cost of Test:** YES NO DK ADD. COST

Report Service Included In Cost of Test: YES NO DK ADD. COST **Reporting Levels:** (Circle all that apply) Classroom School Site District

Number of Questions: _____ **All Quest. Mult. Choice:** YES NO DK

Testing Time: _____ min. **Other Languages:** None Span. Oth.

Turnaround Time (in days): **Data Report:** _____ **Narrative Report:** _____

Psychometric Properties:

Reliability: YES NO DK

If Yes: **Test-Retest Period:** _____ **Value:** _____

Other Form (1): _____ **Value** _____

Other Form (2): _____ **Value** _____

Validity Studies: YES NO DK

If Yes: _____

_____

_____

_____

INTERPETATION AND USE:

Comparative Data Avail.: YES NO DK

If Yes, Subgroups:
- _ Sex
- _ Age Groups
- _ Ethnic Groups
- _ Grade Levels
- _ Geographic
- _ Special Ed.
- _ Other

Sum. Rating, Properties.: Bomb Poor Fair Good Excellent

General Comments Regarding Psychometric Properties:

Content (1):

		Frequency of Use* / Quantity / Ever Used / Age at First Use	Location / Social Context / Ease of Access / Psychological Effects	Social Effects / Knowledge of Effects / Attitudes	Use by Friends / Friends' Attitudes / Parents' Attitudes
FREQUENCY RESPONSES					
Alcohol	Unspecified	_ _ _ _	_ _ _ _	_ _ _	_ _ _
	Alcohol, Beer	_ _ _ _	_ _ _ _	_ _ _	_ _ _
	Alcohol, Wine	_ _ _ _	_ _ _ _	_ _ _	_ _ _
	Alcohol, Liquor	_ _ _ _	_ _ _ _	_ _ _	_ _ _
Tobacco	Unspecified	_ _ _ _	_ _ _ _	_ _ _	_ _ _
	Cigarettes	_ _ _ _	_ _ _ _	_ _ _	_ _ _
	Oral/Chewing	_ _ _ _	_ _ _ _	_ _ _	_ _ _
Marijuana	Unspecified	_ _ _ _	_ _ _ _	_ _ _	_ _ _
	Marijuana	_ _ _ _	_ _ _ _	_ _ _	_ _ _
	Hashish	_ _ _ _	_ _ _ _	_ _ _	_ _ _
Cocaine	Unspecified	_ _ _ _	_ _ _ _	_ _ _	_ _ _
	Cocaine	_ _ _ _	_ _ _ _	_ _ _	_ _ _
	Crack	_ _ _ _	_ _ _ _	_ _ _	_ _ _
Inhalants	Unspecified	_ _ _ _	_ _ _ _	_ _ _	_ _ _
	Gasoline	_ _ _ _	_ _ _ _	_ _ _	_ _ _
	Glue	_ _ _ _	_ _ _ _	_ _ _	_ _ _
	Aerosols	_ _ _ _	_ _ _ _	_ _ _	_ _ _
	Other	_ _ _ _	_ _ _ _	_ _ _	_ _ _
Indicate Type of Frequency Scale*		--- --- ---	--- --- ---	--- --- ---	--- --- ---
		Low	(translate scale into days)		High

Content (2):

		Frequency of Use Quantity Ever Used Age at First Use	Location Social Context Ease of Access Psychological Effects	Social Effects Knowledge of Effects Attitudes	Use by Friends Friends' Attitudes Parents' Attitudes
Hallucinogens	Unspecified	_ _ _ _	_ _ _ _	_ _ _	_ _ _
	LSD	_ _ _ _	_ _ _ _	_ _ _	_ _ _
	PCP	_ _ _ _	_ _ _ _	_ _ _	_ _ _
Stimulants	Unspecified	_ _ _ _	_ _ _ _	_ _ _	_ _ _
	Methamphetamine	_ _ _ _	_ _ _ _	_ _ _	_ _ _
	Other	_ _ _ _	_ _ _ _	_ _ _	_ _ _
Sedatives/	Unspecified	_ _ _ _	_ _ _ _	_ _ _	_ _ _
Hypnotics	Percodan	_ _ _ _	_ _ _ _	_ _ _	_ _ _
	Tranquilizers, Unspec.	_ _ _ _	_ _ _ _	_ _ _	_ _ _
	Valium	_ _ _ _	_ _ _ _	_ _ _	_ _ _
	Barbiturates	_ _ _ _	_ _ _ _	_ _ _	_ _ _
Opiates	Unspecified	_ _ _ _	_ _ _ _	_ _ _	_ _ _
	Heroin	_ _ _ _	_ _ _ _	_ _ _	_ _ _
	Morphine	_ _ _ _	_ _ _ _	_ _ _	_ _ _
	Other	_ _ _ _	_ _ _ _	_ _ _	_ _ _
Steroids	Steroids	_ _ _ _	_ _ _ _	_ _ _	_ _ _
Other	Other (Inc. alc)	_ _ _ _	_ _ _ _	_ _ _	_ _ _
	Other (Excluding Alc.)	_ _ _ _	_ _ _ _	_ _ _	_ _ _
	Polydrug Use, Unspecif.	_ _ _ _	_ _ _ _	_ _ _	_ _ _
	Others (Please Specify)	_ _ _ _	_ _ _ _	_ _ _	_ _ _
	Names:	_____	___ _____		_____

CONTENT (3):

Demographics	Sex _
	Age _
	Grade Level _
	Ethnicity _
	Country of Origin _
	Family Structure _
	Family SES Indicators (e.g., income, education) _
	Length of Time at Current School _
	Employment Status of Student _
At-Risk Behavior/ Risk Factors	Current Academic Performance _
	Repeated a Grade _
	School Plans in Future _
	School Attendance _
	School Discipline Problems _
	Driving Habits _
	Dating Habits _
	Non-Organized Social Activities _
	Extra-Curricular Activities _
	Non-School Organized Activities _
	Past Arrest/Probation/Delinquent Activities _
	In Trouble Because of Past AOD Behavior _
Other AOD Topics	Use of Needles _
	Awareness of Drug Problems in Significant Others _
	Received Past AOD Treatment _
	Recognition of Personal AOD Problem _
	Reduction in Previous Use _
	Received School AOD Services _
Other Topics	Honesty Check _
	Psychological/Personality Traits _
	Decision Making _
	Refusal Skills _
	Other _

Summary:

Special Considerations:

Other Comments:

APPENDIX B

Confidentiality of Student Records

By

The Western Center for Drug-Free Schools and Communities

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CONFIDENTIALITY OF STUDENT RECORDS

A Guide for School Districts Establishing Policies and Procedures for Alcohol and Other Drug Use Student Assistance Programs

Western Center
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Students Records Policies and Procedures

A school district, at a minimum, must adopt a written policy in compliance with the Family Education Rights and Privacy Act (FERPA), if it receives any funds from the U.S. Department of Education. Districts are strongly encouraged to go beyond this minimum requirement and adopt a policy and procedures which take into consideration other federal laws and regulations and state legal requirements. At the same time, schools will want to keep requirements for the maintenance of student records as simple as possible, and their use efficient and convenient for legitimate and valuable educational purposes.

The following "model" is provided to assist district personnel in developing student records policies and procedures.

Section One: Definitions

For purposes of this policy, the district may wish to define such terms as:

- Student
- Eligible Student
- Parent and Guardian
- Education Records

Section Two: Notification

A provision providing for annual notification of parents of their rights is required. The method of noufication must consider parents who have a primary or home language other than English. The method of notificaton must be specified, such as publicaton in the student handbook or direct mailing to homes.

Section Three: Collection of Information From Students

The programs and information should be specified which are subject to the requirement of advance parental consent before collection, as well as the method of obtaining consent.

Section Four: Inspection of Education Records

Parents or eligible students must have the opportunity to inspect and review a student's educaton records upon request. Opuonal methods for doing so may be specified.

The parents or eligible students should submit a request to a specified school official, identifying as precisely as possible the record requested.

The school official needs to arrange access promptly and notify the parent or eligible student when and where the records may be inspected. Access must be given within 45 days of the request.

A parent or eligible student may not inspect or review the portion of a record pertaining to other students.

Section Five: Inspection of Student Assistance Program Records

Special provisions should be spelled out related to confidentiality of alcohol and other drug use records.

Section Six: Inspection of Instruction Materials

Programs and materials should be specified which are subject to the request of parent inspection, as well as the procedure for responding.

Section Seven: Refusal to Provide Copies

Although the school may not refuse a request to inspect and review a record, it may specify circumstances where a copy of the record will not be provided to parents; for example, if the record includes answers to a standardized test.

Section Eight: Fees for Copies of Records

The fee for copies must be specified, but the actual fee is opuonal. The district may not charge for search and retrieval of records; it may charge for copying time and postage.

Section Nine: Type, Locations, and Custodians of Education Records

A list should be provided of the types of records maintained by the district, such as:

- Cummulative School Records
- Health Records
- Speech Therapy Records
- Psychological Records
- Student Assistance Program Records
- School Transportaton Records
- Test Records

The location of each and the custodian (school principal, health director, psychologist, pupil transportaton director, etc.) also should be listed.

Section Ten: Disclosure of Education Records

A provision is required specifying exceptions to confidentiality; that is, under what circumstances, and to what individuals and agencies, will information be disclosed without parental consent.

Section Eleven: Records of Request for Disclosure

Provision must be included for maintaining a record of requests for informaton disclosure, including the individual or agency making the request, what informaton was requested, and whether the request was granted.

Section Twelve: Directory Information

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Section Thirteen: Correction of Education Records

Provision must be made for the correction of records. Procedures should cover the method of requesting, opuons for the district in responding, and methods for arranging and conducting a hearing, issuing a written decision, and amending records.

Dual Requirements: Confidentiality and

The dual requirements of confidentiality and consent are closely allied issues which school districts face in maintaining student records necessary for the efficient and effective operation of their educational programs. A complicated set of federal and state laws and regulations apply. Some apply to most student records regardless of the source of funds supporting the program, the educational subject, whether it is part of the core curriculum or an experimental program, or the purpose for which information is gathered and used. Other laws and regulations apply specifically to alcohol and other drug use programs and activities, or specifically to experimental programs, or only to federally funded activities.

First, every school district should develop, adopt, and implement a clearly stated student record policy and procedures.

Second, the staff, parents, and students should be informed about the policy and procedures, so that they understand requirements, their rights to access, and restrictions on such rights.

Third, in implementing a records system, district staff should examine carefully each set of laws and regulations to determine what student records are subject to them.

This guide was prepared to provide school districts with basic information for planning how to proceed in completing these tasks. Information is provided about the three primary federal requirements. Most states also have applicable laws with varying requirements.

Because the topic is legally complex, school districts are advised to seek legal counsel on issues of confidentiality and consent prior to developing a policy and procedures.

Applicable Federal Laws and Regulations

Requirements and restrictions on student records related to drug and alcohol and other drug use prevention and intervention activities are spelled out in three major federal laws and regulations.

. The Family Educational Rights and Privacy Act (FERPA) requires that educational agencies provide information contained on student records to students who are 18 and parents of students who are not yet 18. Further, it precludes schools from disclosing this information to others, with certain exceptions.

1. Student Rights in Research, Experimental Activities, and Testing (the Hatch Amendment to the General Education Provisions Act) requires parental consent for a student to participate in programs involving psychiatric or psychological testing or treatment, or designed to reveal information pertaining to personal beliefs, behavior, or family relationships. It also gives parents the right to inspect instructional materials used in research or experimentation projects.

3. Confidentiality of Alcohol and Drug Abuse Patient Records regulations issued by the U.S. Department of Health and Human Services also apply to school-based programs, providing for confidentiality.

Family Educational Rights and Privacy Act

The Family Educational Rights and Privacy Act regulations became effective in 1976. Basically, the law says federal funds may be withdrawn if an educational agency fails to provide parents or legal guardians access to their child's educational records. It also precludes schools from disclosing this information to others without the consent of parents or guardians. After students reach the age of 18, they may exercise these rights on their own.

There are few exceptions to the requirement for prior consent before releasing information, usually requiring a court order or overriding state law.

If a parent, guardian, or student over age 18 reviews the information and believes it is misleading, inaccurate, or violates a student's protected rights, the information can be amended. A hearing may be held if there is disagreement.

In virtually all cases, the student assistance program records maintained by a school district are subject to FERPA requirements.

Student Rights in Research, Experimental Activities, and Testing (Hatch Amendment)

The General Education Provisions Act requires that instructional material in federally assisted research, or experimentation projects designed to explore new or unproven teaching methods or techniques, be available to the parents of participating students. Furthermore, no student can be required to participate if a parent submits a written objection.

The Hatch Amendment, passed in 1978 and regulated by the U.S. Department of Education since 1984, further requires parental consent before the student participates in programs involving psychiatric or psychological examination, testing, or treatment designed to reveal information pertaining to personal beliefs, behavior, or family relationships.

The regulations are sweeping in that they define psychiatric or psychological examination or treatment as including activities that are not directly related to academic instruction and are designed to obtain personal information, behavior, or attitudes.

They apply only to activities supported by funds provided by the U.S. Department of Education, not to all school activities.

Confidentiality of Alcohol and Drug Abuse Patient Records

These U.S. Department of Health and Human Services regulations, as amended in 1987, clearly apply to school-based programs that deal with the referral of students for treatment for alcohol and other drug use. While the regulations apply to "federally assisted programs," this is generally assumed to include any organization receiving any federal assistance (including state pass-through funds).

While school programs rarely diagnose or label students as alcohol or drug dependent, they do "refer" students who display certain signs and symptoms which may be characteristic of alcohol and other drug dependency to assessment. While one could argue the school has made no such diagnosis or labeling of alcohol or drug dependency, the mere fact of referring, based on certain signs and symptoms associated with dependency, could be considered as referring alcohol and drug dependent students.

In general, these regulations prohibit information being supplied to anyone about persons in an alcohol or drug related program, unless the student and parent consent; there is a court order; disclosure is made to medical personnel in an emergency; or the information is used for research, program evaluation, or audit purpose.

Collection of Student Information

The only restriction on the collection of information from students is a provision of the Hatch Amendment requiring consent of an adult or emancipated student, or the parent or guardian of a minor student. This provision only applies to federally funded activities which are a part of a research or development project.

Consent

Release of Student Information

In general, prior consent of a student, parent, or both is required before a school can release "personally identifiable information"; that is, when it is information about a specific, identified student.

Information which is not "personally identifiable" generally can be used for such purposes as research, program planning and program evaluation, and reports of the results may be made available to the public.

Each of the three federal laws and regulations has specific exceptions which permit schools to release otherwise confidential information without student or parent consent to certain persons and agencies for certain purposes. Examples include release of information to school employees, including teachers, who have a legitimate educational interest in the student, and transfer of records to another school where the student seeks to enroll. Specific provisions should be looked at carefully in these instances.

Frequently Asked Questions

Q: *What kind of notification needs to be provided to parents and when?*

A: A district must notify parents annually of the requirements under FERPA. If parents have a primary home language other than English, the district must effectively notify them. Notification typically is done by publication in the student handbook or at the beginning of the school year by mail.

Q: *What records are subject to confidentiality and consent requirements?*

A: Any record, in handwriting, print, tape, film, or other medium, maintained by the school or an agent of the school is covered except:

- A personal record made by an individual school staff member and kept in his or her personal possession, made available to no one other than the person's temporary substitute
- An employment record used only in relation to a student's employment by the district
- Alumni records containing information about a student after no longer attending the district

Q: *Is parental consent required to conduct a survey of students' attitudes about and use of alcohol and other drugs to obtain information for planning a school prevention program, if individual students are not identified?*

A: The only federal restrictions on gathering information from students are provisions of the so-called Hatch Amendment. These provisions only apply if funds provided by the U.S. Department of Education are used to conduct the survey, and not if state and local sources of funds are used. If parental consent is required before surveying students, the requirement applies regardless of how the information is to be used or reported.

Q: *Should certain records, such as those related to student alcohol and other drug use assistance programs, be kept separate from other school records, such as general academic records?*

A: Probably yes, which may further complicate student recordkeeping systems and procedures. Different confidentiality and consent requirements may apply to various alcohol and other drug use records maintained on students. The result may be three or more different "categories," depending on the combination of federal and state requirements which apply.

Q: *What information can be released to an individual, the press, or the public in general without prior parental consent?*

A: Information which is not "personally identifiable" can be released. Typically, this is aggregated data in the form of program evaluation reports and schoolwide or subjectwide achievement reports. Likewise, "directory information" may be released including names, addresses, telephone numbers, major field of study, date and place of birth, participation in activities and sports, dates of attendance, degrees and awards received, most recent school previously attended, and photograph. However, names and other information about students participating in any alcohol and other drug use prevention, diagnosis, referral, or treatment activity are confidential and may not be disclosed without prior written consent.

Q: *Are there certain individuals or organizations that confidential information can be provided to without parental consent?*

A: Some of the specific parties to whom the law allows schools to disclose otherwise confidential student information are:

- School employees who have a "need to know"
- Other schools to which a student is transferring
- Certain government officials carrying out their functions
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A school must keep a record of any such request and disclosure.

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The Northwest Regional Educational Laboratory (NWREL) is an independent, nonprofit research and development institution established in 1966 to help others improve outcomes for children, youth, and adults by providing R&D assistance to schools and communities in providing equitable, high quality educational programs. NWREL provides assistance to education, government, community agencies business, and labor by:

- Developing and disseminating effective educational products and procedures
- Conducting research on educational needs and problems
- Providing technical assistance in educational problem solving
- Evaluating effectiveness of educational programs and projects
- Providing training in educational planning, management, evaluation, and instruction
- Serving as an information resource on effective educational programs and processes, including networking among educational agencies, institutions, and individuals in the region

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